

JUN 12 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

18020

791
1003

File No. 4596
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Louis (No. City Hospital #2)

2. FULL NAME

Edgar Boone

(a) Residence, No. 3108 Lucas St. 2 Ward. _____

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred _____ yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lula Boone

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1 - 8 - 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 3 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, country

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

13. NAME Andrew Boone

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

15. MAIDEN NAME Eliza Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

17. INFORMANT Lula Boone (ADDRESS) 3108 Lucas Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE 5/4/1937

19. UNDERTAKER C. W. Roberts (ADDRESS) 3035 Lucas Ave

20. FILED MAY 4 - 1937 J. Briedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25th 38

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 5:19 A.

The principal cause of death and related causes of importance were as follows:

Carbon Monoxide suffocation, acute dilatation of heart and hydronephrosis, suffered when over-come by smoke during a fire at 3108 Lucas Ave., about 3:35 a. m. April 25th, 1937, wherein building was damaged about \$300.00 Accident.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury Gen 25, 1937
Where did injury occur? at home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Suffocation
Nature of injury sub-acute poisoning

24. Was disease or injury in any way related to occupation of deceased? NO.
If so, specify Alfred Perry M. D.
(Signed) _____ (Address) Deputy Coroner

WHITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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MOTHER FATHER

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